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fixed, so the mothers consult me on all occasions,—and at arm's length, one hardly knows what advice to give.

I would not be without the JOURNAL. It takes the place of intercourse with nurses, which is denied to us who are in small towns.

South Dakota.

M. T. M.

[A personal reply has been sent to this writer, but it is hoped that our readers may have suggestions to offer on both these topics which may be of value.—Ed.]

THE QUESTION OF LOYALTY

DEAR EDITOR: An article in the January JOURNAL on "duty" was read with much interest. I am a subscriber and interested reader of THE AMERICAN JOURNAL OF NURSING. In my experience of twelve years of nursing that problem of loyalty to physicians at all times has caused me much anxiety. It seems to me when doctor and nurse are co-workers, the difficulty is largely met. Would very much like to hear from others on this subject. E. R.

SCHOOL EPIDEMICS

DEAR EDITOR: In my position as resident nurse at a school of over four hundred girls, I find the JOURNAL a great help. It keeps me in touch with the great outside world and also serves to acquaint me with new methods of work.

I wish more nurses who are doing similar institutional work would write of their experiences, and of their methods of preventing epidemics of grippe, tonsillitis, etc. We have seldom more than one or two cases a year of measles, mumps, or scarlet fever, but I cannot control the others, probably because the girls do not consider them serious enough to be reported. C. M. D.

CARE OF MALE PATIENTS

DEAR EDITOR: Some time before I ever studied nursing, I considered it a privilege to get hold of a copy of the JOURNAL and peruse it, and now that I am a full fledged nurse I would not like to do without it. The letter department is my particular delight, and when a new number arrives I take a general survey of the contents, and then settle down to enjoy a leisurely reading of the letters.

I have followed with the greatest interest the discussions on the care of male patients, and feel that it is one of vital interest to us all as nurses. On such a subject there cannot but be differences of opinion, and I would like to say to T. M. M. in the September JOURNAL, that I do not think she is justified in her comparison when she puts the supposititious case of a male nurse taking care of a woman patient, on a level of comparison with that of a woman caring for a man; and I am sure many others must feel as I do. To me the comparison seems absolutely inadmissible, because men are *not* the natural *mothers* of the race, and women *are*. This fact seems to me to put the two propositions as far apart as the ends of the earth. The mother instinct in every normal woman can always do for either sex, purely and nobly, whatever must be done, with only the desire uppermost in her mind to relieve and help, just as she would tend and care for a helpless little one. This is her God-given instinct, her God-given profession, and let no one belittle these.

However, I want to make my position entirely clear by saying that I do

not advocate the nurse performing services which properly belong to the physician. I was trained in a hospital where the nurses were not taught male catheterization, this always being left to the doctor or orderly. But the assumption that there must be wrong feeling on the part of the nurse when circumstances may require such duty from her, is distasteful to me in the extreme, and I feel that in the true nurse, the one who is fitted for her profession, such feeling is unknown.

As for the man's attitude, I agree heartily with "H." that "the truly womanly woman knows how to establish that little barrier of reserve which all men respect and never trespass."

Yours very truly,

E. D. S.,
Phoenix, Arizona.

AN EMERGENCY CASE

DEAR EDITOR: I see through the JOURNAL the superintendents of some of the hospitals are criticising the letters published in this department of the individual experience of nurses doing private duty. I enjoy reading them and can certainly sympathize with them. From some I get useful suggestions.

No nurse, until she has had some experience, can understand the needs of a nurse doing private duty, and I consider it essential to nurse among the lower class and very poor people, who do not even understand what the term trained nurse means, where it is necessary to undergo all kinds of inconvenience both for one's self and patient to say nothing of one's work. I have many times been in homes where the doctor would give me instruments and gloves to sterilize and could find nothing fit to boil them in.

I should like to give a personal experience I had a few weeks ago to show how entirely diverse a private nurse's work must be. I was called out at midnight, to an unexpected obstetrical case which proved to be a premature birth. I rang the bell and entered the hall, as is my custom, when I heard the doctor calling to me to come right up, and I followed the sound of his voice as quickly as I could, for the house was large and almost completely bare of furniture. I shall never forget the sight that met my eyes as I opened the door of the patient's room. She was lying on a double bed, without a sheet, on the terribly soiled mattress (with all of her clothes on, as she had been up all day, and they were very much soiled), and surrounded literally by a pool of blood. The doctor, a most excellent and tender-hearted man, was standing kneading and holding the uterus, and had been doing so for some time with no one but the husband to assist him. The patient lay down as soon as her pains started and had her husband telephone for the doctor; when he arrived the child was being born with this deluge of blood, without any severe pains. She had miscarried at six months and the placenta remained adherent to the uterus. I got things ready for the doctor to remove it, as quickly as I could; fortunately, his bag contained almost everything necessary. I had to boil the instruments in a small deep kettle into which I could not get the handles of the longer ones, but it was the only thing I could find. We could not find one single clean thing to put under the patient. She fainted at last and only then did the blood stop flowing. I had very little time for thought, but as I flew from room to room hunting for a table or chair on which to put the pan of instruments in reach of the doctor, I thought of our dear hospital, with its